



REQUEST FOR UNIT INCREASE

Date: _____

Name: _____

W or SSN: _____ Major: _____

Contact #: _____

Email: _____

Semester: Summer Fall Spring

Please list below the requested course(s) you wish to add:					
Course Name:		CRN #:		Unit(s):	
Course Name:		CRN #:		Unit(s):	

NOTE: Approval of this petition does not guarantee enrollment in course.

Within the box below, please provide your reason for the increase in unit load.

Student Signature: _____

Date: _____

OFFICE USE ONLY:

OVERALL GPA	Total Units Completed	Hold(s) on Record

Counselor Comment(s):

Decision Rendered: Approved Denied

 Unit(s): _____ Date: _____

Counselor's Signature: _____

Date Student Notified:	Phone	Mail	Initials
<p>Counseling Staff: When notifying student by phone, please note that paperwork will take up to two (2) business days to process before they can add online.</p>			

ADMISSION & RECORDS USE ONLY:

Date Stamp:		Initial	
Date Scanned to Student Record:		Initial	